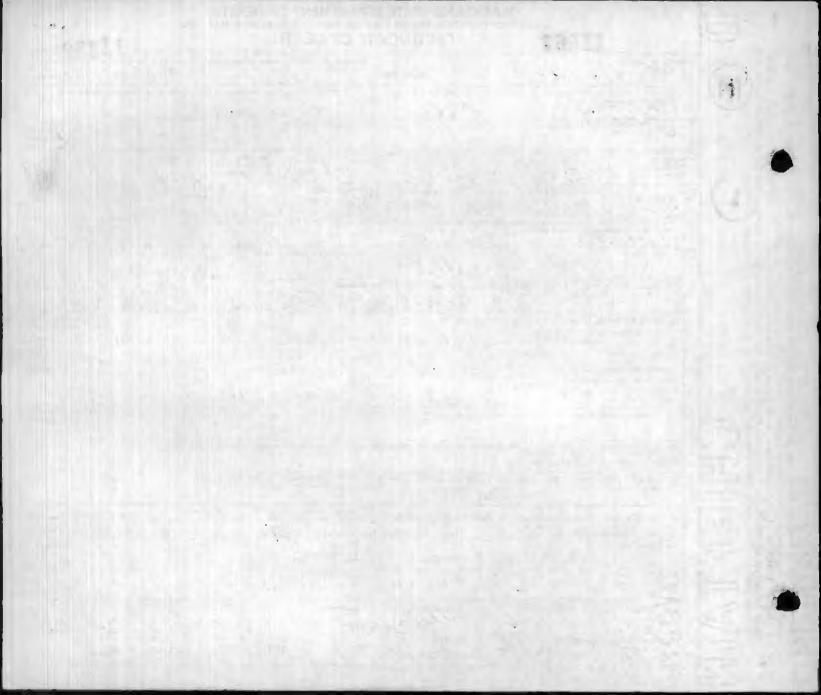
urs after death. Page 4 rin by the funeral directar, and 2 should be filed with may in the trained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers, the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs filter death, the State Board of Health priar to burial, are many and in any event, within 72 haurs filter death. Pages 1 IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 tained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11467

	11467 CERTIFIC	ATE OF DEATH	11/50
	PLACE OF DEATH COUNTY HOWARD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue) o. STATE b. COUNTY	dence before admitsion
,	b. CITY OR TOWN (If outside corporate limits, write RUBAL and give general town) d. NAME OF HOSPITAL (If not in hospitol, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	OR INSTITUTION		ON A FARM? YES NO
	NAME OF DECEASED (Type or print) ROBERT ALBER	OT CARROLL DEATH ONLY	7 1961
S.	Male 6. COLOR OF RAGE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B BATE OF BIRTH 9. AGE (In years lost birthday) Nonth	DER TYEAR IF UNDER 24 HRS IS Days Hours Min.
	. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INI during most of working his reven if relired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.1	4. S.A.
13.	James a. Carroll	14. MOTHER'S MAIDEN NAME	on .
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give wor or dates of service). 3 - 18-1408	Mrs Gutrule Wasmur Bal	& Brauschipe
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	aly embali Tularet	INTERVAL BETWEEN ONSET AND DEATH
	45000 DUE TO Che heas	et Lailure	4 00000
	gave rise to immediate couse (a), stating the under- lying couse last. DUE TO CELLER ALICE.	ed arterioselesosis	400.
CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO 10
50	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. Hour o. m. p. m. 19 While of work of work	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this-hospital) attended the deceased from sow the deceased olive on OCF 6 1961, and that	m 7 19 1 to DOT 7 19 at death accurred at 22 M, from the couses and an	the date stated obave.
	220. SIGNATURE Sami Oblefinaer	M.D. PHYS. STAFF PHYS.	10. 9 6 SIGNED
	20c. PHYSICIAN'S NAME (Type) Saui Okutman	22d. ADDRESS Sylvesvill	e, Hd.
23	BURIAL, CREMATION 236, DATE THEREOF 23C, NAME OF CEMETERS (DALLE) 10-10-61 CHARLES	r of country 23d LOCATION City, toys or country City City toys or country City City to the country of country country o	med Tud
24.	FUNERAL OFFICE SIGNATURE CONTROLS OF PROPERTY OF THE PROPERTY	250. REC'D BY BEGISTRAR 25b. REGISTRAR'S DATE OF 1 3 61	SIGNATURE.

TO HO YR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

- Service	1	4	6	8
and-	-	-3-	U	U

		11468		CERTIFIC	CATE OF L	EAI	Н		Reg. Di	ist. No.	14	03
T	PLACE OF DEATH o. COUNTY Howard			MARYLAN	O STATE		here deceased	lived. If institution b. COUNTY	on: Residen	nce befor	e odmis	ion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge 27			1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge 27						1)	
d. NAME OF HOSPITAL (If not in hospital, give street addre OR INSTITUTION Sherwood Acres			address)	d. STREET A		Acres					IDENCE FARM? NO	
3.	NAME OF DECEASED (Type or print) VE	RNON EDO		Middle CLEMENTS	Las	t	4. DATE OF DEATH	Oct. 9		Da	у	Year 19
S.	Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED	B. DATE OF BIRTH		5	9. AGE (In years lost birthday) 62 yrs.	Months	Doys	Hours	Min.
1	during most of worki	N (Give kind of work ng life, even if retired	1)	KIND OF BUSINESS OR IN Colen Mill	Garro	11 Cc	unty	untry) Md	12.CIT	IZEN OF	WHAT	OUNTRY
		Clements			14. MOTHER'S	MAIDEN	NAME					
	WAS DECEASED EVER s, no, or unknown! !	IN U. S. ARMED FOR f yes, give war or dates of s		SOCIAL SECURITY NO. 13-09-6355	Mrs.Ethel	Cleme	ents,Sh	erwood A		Elk	ridg	e 27
	PART I. DEAT	TH [Enter only one co 'H WAS CAUSED BY: IMMEDIATE CAUSE IC	7	ne for (0), (b), and (c).]	elignon	~ -				ONS	RVAL BE	DEATH
	157X Conditions, if on gove rise to im	y, which) (b	Ca	einena 1	Cance	4				15	ine	la
CERTIFICATION	couse (a), stating the lying couse last. Part II. OTHE) (0		CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERA	TINAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(a) 1	P. WAS PERFO YES [RMED?
	20a, ACCIDENT WAS OR CONTRIBUTING OF (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature a	f injury in	Port I or Port	II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur a.m. p.m.	Manth, Day, Ye	ar 20d. It While at wor	Not while	PLACE OF INJURY (factory, street, affice	Home, for bldg., et	m, 20f. (City	or town)	(County)		(Stote
	actual signature	at I attended the	(Cre		nh accurred at	3 5/A		he causes an	d on th		stated	
220	BURIAL, CREMATION REMOVAL (Specify) Burial)F	22c. NAME OF CEMETER				ON (City, fown,			(Sto	e)
	FUNERAL DIRECTOR'S		a at t	ADDRESS		240. REG		AR 24b. REG	STRAR'S SI	S. The	RE	

TO HOT CAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may elained by the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fillian hy the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death.

VS A1S (4) 15M 9/58

I I, .t 生 1.0 cm 生 -----1 1/2 4 17" 1 .0" Theoperation has been y diam'r. Chamme of Paraners 150000 is any hard as as 1212 to Calma in - Britishers Con 1 • • • pre my hour Shelfauf Marylan (Joseph) " the district of ded * it...

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11469 CERTIFICATE OF DEATH Reg. Dist. No. il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Marvland loward Howard the funeral shauld be fi ofter death. b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 Cy CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Ellicott City Ellicott City d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 2 332 W. Main St. 332 W. Main St. pup NAME OF Middle 4. DATE First last Month DECEASED DEATH October Pages (Type or print) STUEPN COLLINS H 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Manths DIVORCED | Wale White WIDOWED [90 TYIS. papers. camp 10a. USUAL OCCUPATION (Give kind of work done during most af working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? death. Sneedville Tenn and None carban Farmes after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate Unknown mave Unknown hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address No Mrs. Gertrude Seaboldt. 704 Beall Ave. Rockville attending None death 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] C PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) SAIDSABS DUE TO that diovascular Accident p permit. are has been signed be burial-transit permit. Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost physician. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY ar attending 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) certificate OR CONTRIBUTING CAUSE OF DEATH DICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED Day. Year factory, street, affice bldg., etc.) use a. m. While Not while haspital After this of work of work 1958, ta_ 10-20 196 hat I last saw the deceased 21. I certify that I attended the deceased fram ached and that death accurred at 11:02 M. from the causes and an the date stated above. alive an___ ADDRESS (Street, city or town, state)

det 3 shauld page 0

etained by the I

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

Burial

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

C. Higinbothom, Ellicott City, Md

VS A15 (4) 15M 9/58

Warner Cemetery Jonesville . Va 24g. REC'D BY REGISTRAR DATE OCT 2 4 '61

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

24b, REGISTRAR'S SIGNATURE Calling S. Haus

22d. LOCATION (City, town, or county)

(County)

e. IS RESIDENCE

Day

21.1961

ON A FARM?

YES NO TE

Year

19

INTERVAL BETWEEN

PERFORMED? YES NO

(Stote)

ONSET AND DEATH

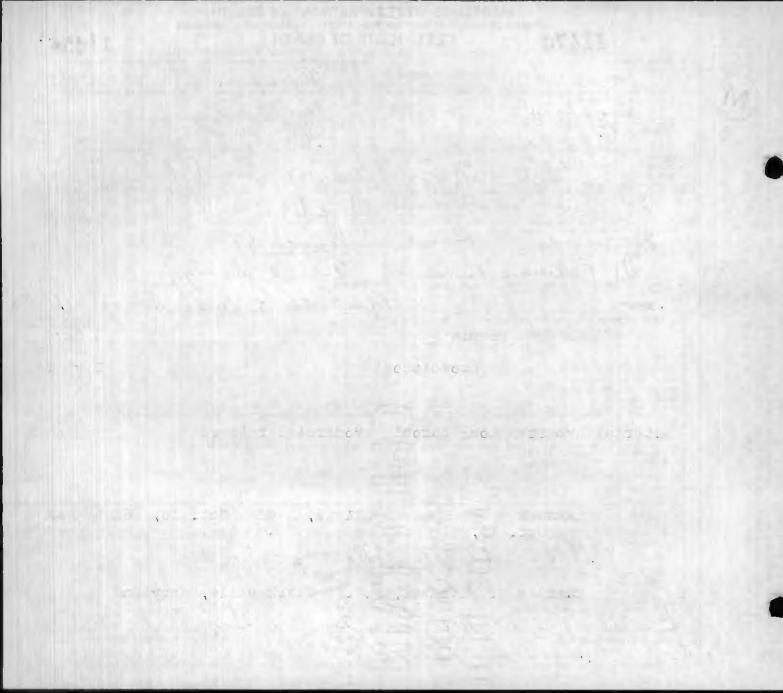
4: 1 0 7 o r 1,3 1 1.5 for the first of the second of AND THE RESERVE AND ADDRESS OF THE REAL PROPERTY. Control to a substitute of the With the first contract the first the second of the second o telephone TO HOSEITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may retained by the haspital ar attending physician.

TO FULL ALL DIRECTOR: After this certificate has been signed by the attending physician and campletely film by the funeral director, page 3 shauld be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death.

MARYLAND	STATE DEF	ARTMEN	OF HE	ALTH
ION OF STATISTICAL	RESEARCH AND	RECORDS -	BALTIMORE	1, MARYLAND
CER	RTIFICATE	OF DEA	HTA	

DIVIS

	11470	CERTIFICA	ATE OF DEATH	11455
1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resion STATE hambard b. COUNTY	dence before admission)
b. CITY OR TOWN	N/(If outside corporate limits, write of nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If obtside corporate limits, write RURAL o	nd give nearest town)
d. NAME OF HOS OR INSTITUTION		e 29	d. STREET ADDRESS Route 29	e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	Ethel	May	Disney 4. DATE OF DEATH Ottobe	Day Year / 6 19 6 /
S. SEX	W WIDOW		May 18 1892 69 yrs. Month	DER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
during most/of v	ATION (Give kind of work done 10b working life, even if settred)	KIND OF BUSINESS OR INC	Scangaville md	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1. Fillmare	Brawn	14. MOTHER SMAJKEN NAME Scragge	
1S. WAS DECEASED! (Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? [If yes, give war or dates of service]	SOCIAL SECURITY NO. 17.	Mis Ruth G. Miles Sco	aganille h
	DEATH [Enter only one couse per limed to the couse per limed to the couse by: DEATH WAS CAUSED BY: UX	line for (o), (b), and (c).]	f	INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, i gave rise to cause (a), stati lying couse to	ing the under:	ephroscleros	is	3 years
Arter:	ial hypertensi	ion; chronic	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN MYOCARdial failure RED. (Enter nature of injury in Port I or Port II of item 18.)	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTI	ING CAUSE OF DEATH		PLACE OF INJURY (Home, form, 20f. (City or lawn)	(County) (Slote)
WE OF IN Hour o. I	m. While		foctory, street, office bldg., etc.)	
			n_July_5,, 148ta_Oct16,, 1 death occurred at5 P.M. from the causes and an	
220. SIGNATURI	Chales S.	Whitater 1	ATTENDING MED. STAFF	22b. DATE \$IGNED
22c, PHYSICIAN NAME (Typ		. Whitaker.	M.D. Clarksville, Maryla	nd
23a. BURIAL, CREMA REMOVAL (Spec	ATION 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or count Highland	ty) Mil (State)
24. FUNERAL DIRECT	TOR'S SIGNATURE	in family	DATE OCT 2 4/61 Citim	S. Krauge



FOR STATE
HEALTH DEPT

TO INTX MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

y delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to numeral director. Page 4 should be forwarded to life Chief Medical Examinar's Office along with form FM3. Page 5 may be maximed for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

Vs. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11471 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
11456

1. PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceesed lived, If inst	itution: Residence before edmission)				
* COUNTY HOWARD COUNTY	MARYLAND	e, STATE	b. COUNTY	ward				
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) near Dorsey, Md	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (H	outside corporete limits, write RL					
	passing through							
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
U.S.Route 1				YES NO T				
3. NAME OF First DECEASED	Middle	RAZIER	4. DATE Month OF	Day Yeer				
(Type or print) PATTT.	NELSON ES	772/67	DEATH Oct	20 19 61				
5. SEX 6. COLOR OR RACE 7. MARR		DATE OF BIRTH	9, AGE (In yeers IF lest birthdey)					
male White wow	ED DIVORCED	Nov.23,1917	13 yrs. M	onths Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stete o	foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	ucking Line	Savage Md		USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
John F.Frazier		Katie F.Ster	neburner					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 [Yes, no, or unkown] (Ifyesgive werordetesofservice)	SOCIAL SECURITY NO. 17. I	NFORMANT	Address					
No	ims	.Inla Vollmer	housen, Savage,	Md				
1 18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), end (c).]	Tiving I gramma		INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH				
IMMEDIATE CAUSE (6) TRA	CTURE OF SKULL	AT BASE	-	INSTANT				
BIAX DUE TO								
Conditions, if eny, which (b)								
geve rise to immediate cause								
(e), sletting the underlying								
(0)	COUNT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY							
OIA —				PERFORMED?				
200. EXTERNAL CONTRIBUTING	MILHOWINDER DEFORED. (E			A -				
	lestrian crossin	ig road struc	k by passing au	TO				
20c. TIME OF INJURY Month, Day, Year 20d Hour e.m. Whi	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)				
8 M 11:30 74961 et we	at and a second	Route 1	near Dorsey	HOWARD Md.				
21, I certify that I took charge of the re	mains described above, he	ld an Autopsy . I	nspection , Inquiry	and in my opinion				
death resulted from: Natural causes	, Accident X. Suici	de, Homicide [, Undetermined man	ner 🗌				
4	D 21	CHIEF MEDICAL EX	AMINER					
SIGNATURE CLOUDE E	Dunbert	M.D. ASSISTANT MEDIC	AL EXAMINER	DATE SIGNED				
EXAMINER'S NAME (Typo)		HOWARA	EXAMINER T	.0/21/61				
220. BURIAL, CREMATION, 225 DATE THEREOF STORE	122E. NAME OF CEMETERY OF	CREMATORY	2d. LOCATION (City, town, or	n				
23. NUNERAL DIRECTOR	Sange Ce	S- 1 24 REC'I	BY REGISTRAR JAB. REGISTI	RAR'S SIGNATURE				
De Will Danielsa	n Laurel	Myd. BATELOT	2 4 101					
	1	- 001	Cotha	1 S. Kines				

de recorded man fate. 1 the many the standard The state of the s to I to I of a real a count has thought the to will straight and the s 1/1/1 and the first the same of the

M/	MARYLAND STATE DEPARTMENT OF HEALTH ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH			
DIVISION OF STATISTICAL RI	SEARCH AND RECORDS	, 301 W. PRESTON STR	EET, BALTIMORE 1,	MARYLAND
11/70	CERTIFICAT	E OF DEATH		11/157

2 2 6 6	
1. PLACE OF DEATH 3. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
Howard MARYLAND	Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Ellicott City 1 year	Towson
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
Schafer Convelescent Home	8703 Loch Bend Brive VES NO
3. NAME OF First Middle	Last 4, DATE Month Day Year
(Type or print) Bessie A. Frederick	DEATH October 5 19 61
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
D-m-7- 111.1.1	Sept. 20, 1875 86 yrs. Months Days Hours Min.
	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if retired) Clerk Balto. Transit	G .
13. FATHER'S NAME	CO. Maryland U.S.A.
David H. Frederick	Elizabeth Ann Frizell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	
(Yas, Refor unkown) (Ifyas give war or dates of service) 213-10-2944	v. W.R. Taylor 8240 Loch Raven Blvd.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Chieff and Drays
IMMEDIATE CAUSE (a) ACCUSATE CHARE	andw Vaccular Dolare 10 p.
DUE TO	
Conditions, it any, which (b)	
gava rise to immadiate cause (a), stating the underlying DUE TO	
cause last. (c)	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED?
208. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury on Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH OR EITHER, NOTIFY MEDICAL EXAMINER;	. (Enter relative or injury at real to or real to or the fit to)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	C 20
saw the deceased alive on	death occured a
22a. SIGNATURE	ATTENDING MED. STAFF 226. DATE
Suomas L. Herbert	D. PHYS. DIRECTOR PHYS. 10-5-61
22c. PHYSICIAN'S NAME (Type) Dr. Thomas F. Herbert	Church Road, Ellicott City, Md.
NAME (1868) DI • THOMAS I • HELDELD	Church Road, Ellicott City, Md.
238. BURIAL, CREMATION, 236. DATE THEREOF , 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 10-7-61 Loudon Pa	rk Baltimore, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Eutow offe OCT 9 '61 archur & thous
Total Total Total Control Tilos 1/00	THE STATE OF THE S

TO FOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO INTERAL DIRECTOR: After this certificate has been signed by the attending physician and company filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

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AND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits. (If outs'de corporete limits, wr'ta RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE ON A FARM? ATERLOO YES NO 3. NAME OF Middle DECEASED 196/ (Type or print) DEATH CTOBER 23 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) NAREHOUSE 13. FATHER'S NAME please attending pue 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Hypergivewerorderesofservice) Then 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE +) DUE TO geve rise to immediate cause DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? NO 208. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF JNJJRY (Home, farm, 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) While Not While at work e' work DIRECTOR / 19 (a), that (I) (we) last19. 64, and that death occured at 24...M, from the causes and on the date stated above saw the deceased alive_on.. 22b. DATE 22a. SIGNATURE ATTENDING. SIGNED. DIRECTOR PHYS, PHYS. 22d. ADDRESS 22c. PHYSICIAN S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23e. SURIAL, CREMATION, 23b. DATE THEREOF, directors be file REMOVAL (Specify) P C 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATO VR A15 (4)



RYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral Film Grun USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH n. COUNTY a. STATE b. COUNTY Howard Md _ by the and 2 death. Howard MARYLAND b. CITY OR TOWN ('f outs'de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerast town) Elkridge Baltimore E - P Elkridge) Pages Pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS e. 15 RESIDENCE ON A FARM? Box 230. Box 230 Dorsey Road NO X Dorsey Road YES -J. NAME OF 4. DATE Midd e DECEASED OF (Type or print) Arthur F. Kempkes DEATH 6. COLOR OR RACE, 7. MARRIED TO NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR B. DATE OF B.RTH IF JNDER 24 HRS. lest birthdey) Months Days male WIDOWED 1889 DIVORCED 100, USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY гетома (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) physici retired printer printing New York U. S. A. 13. FATHER'S NAME attending pl 14. MOTHER'S MAIDEN NAME John Kempkes and Fredericka unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yas give war or detes of service) 215-10-7684 Mary Kempkes Box 230 Dorsey Rd. 18. CAUSE OF DEATH [Enter on y one couse per line for (e), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: signed [IMMEDIATE CAUSE (a) DUE TO BRONGHIAL FNUEMONIA Conditions, if eny, which geve rise to immediata causa **DUE TO** (a), stating the undarlying FILLENZA certificate ha (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 93 NO T prior 20e. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in any in Pert I or Pert II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 28e. PLACE OF INJURY (Home, Farm, Month, Day, Yeer 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Hour a.m. While Not While el work at work p.m. may be retain DIRECTOR: 21. I certify that (!) (this hospital) attended the deceased from. I, and that death occurred at J.M. from the causes and on the date stated above. saw the deceased alive on which 22a SIGNATUR DATE SIGNED DIRECTOR PHYS. M D 22d. ADDRESS 22c, PHYSICIAN S 5608 Main Street, Elkridge, NAME (Type) Groleau. Géorge director, 23a. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (Stete) REMOVAL (Specify) Meadowridge Cemetery Elkridge, Maryland 0 Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Howard H. Hubbard 4107 DATE OCT 2 4 '61 15M 9/60 Wilkens Avenue arthur S. Krous

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	CE	RTIF	ICATE	OF D	EATH

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	11475	CERTIFICA	IE OF DEATH	1 400				
	1 PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)					
).	Howard	MARYLAND	o. STATE Maryland	b. COUNTY Howard				
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)							
	Ellicot City		Ellicot Ci	ty				
	d NAME OF HOSPITAL (If not in hospital, give street o OR INSTITUTION	ddress)	d. STREET ADDRESS	e, IS RESIDENCE ON A FARM?				
	15 Carlinda Xvenue		15 Carlinda					
3	3. NAME OF Pies!	Middle	Lost OF	Month Day Year				
	(Type or print) MARY	EDNA	REUTER DEATH	OCT 20 196				
	S. SEX 6 COLOR OR RACE 7 MARRI	TO COMPANY TO COMPANY		AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost birthday) Mapths Days Hours Min.				
	Female White WIDOWE		1//	4 ys. 2 29				
	10a JSUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	(IND OF BUSINESS OR INDU						
	Housewire		Ontario, Cana	da USA				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
)	William Wereley		Mary Ann Cra					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, S (Yes, no, or unknown) (If yes, give wer or dates of service)	OCIAL SECURITY NO. 17. IN	IFORMANT	Address				
	No 02	1-07-7227 Ru	by H. Davis-Niece	-same 2d				
	18. CAUSE OF DEATH [Enter only one couse per line	a for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) RESPIRATORY ARREST							
	DUE TO							
		ETASTATIC	ZARCINOMATO	1515 2 YRS				
	gave rise to immediate DUF TO		7.0 011011	7 1/2				
	lying couse lost. (c) P	PENDCHIC	S 70 AMOUNS	25010				
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED?				
	I C I			YES NO				
	OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D (Enter noture of injury in Port I or Port II	of item 18.)				
	20c TIME OF INJURY Month, Day, Year 20d IN Hour o.m., While of work	JURY OCCURRED 20e. PL Not while for	ACE OF INJURY (Home, farm, 20f (City or story, street, office bldg., etc.)	town) (County) (Stat				
	p. m. 19 of work							
	21 I certify that (I) (this haspital) attende	ed the deceased fram	9-23 1961 to 1	0 - 20 , 196 , that (1) (me) la				
	saw the deceased alive an 10-15			e causes and an the date stated above				
	22o. SIGNATURE			22b. DATE				
	Veter V. Trook			PHYS 10-20-61				
	22c. PHYSICIAN'S NAME (Type)	77/ 1/1	22d. ADDRESS 409 Colu	mbia Road ,				
	NAME (Type Peter Van 13.1	horpe III. U.	Ellicott C	ity Maryland				
	230. BURIAL CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d LOCATION	N (City, town, or county) (State)				
Βı	urial-transit 10-21-61	Mt. Olivet	Cemetery Detro	it, Michigan				
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAL	2Sb. REGISTRAR'S SIGNATURE				
	ROBERT A. PUMPHREY	Bethesda,	Marylan date OCT 2 4 '61	Conthus S. House				

TO HO YR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss on) delay is necessary, neral director. Page ned for your files. ate Board of Health, e. COUNTY a. STATE **b.** COUNTY Howard MARYLAND b. CITY OR TOWN (if outs'de corporete limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Ellicott City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? be retained desth; S.S. Norfolk YES NO NAME OF First Middle DATE Yeei 4. CAST OF THE PARTY. OF Page 5 may be rest and 2 with the in 72 hours after d with the (Type or print) DEATH JOHN RILEY 15 19 61 6. COLOR OR RACE T. MARRIED 5. SEX NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. EEAEEEER: Tils sertification should be executed within 24 hours after danate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 est birthday) Months Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) File pages 1 sailor Office along with form PM3. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN .⊆ burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and Gunshot wound of neck and spinal cord IMMEDIATE CAUSE (a) removal, **DUE TO** Conditions, if any, which (b) gave rise to immediate cause Ø DUE TO SE (a), stating the underlying Examiner ö used a cause last. cremation PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.91 19. WAS AUTOPSY CERTIFICATION 2 PERFORMED? execute the certificate, writing the word Medical YES 🔀 NO pinous 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Pert I or Part II of Item 18.) burial CAUSE OF DEATH. shot in back of neck Chief m. 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, 1C'ty or town) should be forwarded to the Chi FUNERAL DIRECTOR: Page 20c. TIME OF NJURY Month, Dov. Yeer (Steta) 2 61 While Not While factory, street, office bldg., etc.) Hour a.m. Oct Howard road Md. et work prior at work 21. I certify that I took charge of the remains described above, held an Autopsy [χ Inspection Inquiry and in my opinion agent, Suicide Homicide X death resulted from: Natural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER X DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 1961 EXAMINER'S NAME (Type) Howard Address (Street, city, town, or county) 22a BURIAL, CREMATION I 22b. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (State) REMOVAL (Specify) 6 Baltimore, £40 Holy Redeemer Cem. Rurial 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246 REGISTRAR'S SIGNATURE VS. A15ME Funeral Central & France 5M 9'60 DATE NOV

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH director, I. PLACE OF DEATH D. COUNTY Filed o. STATE MARYLAND Howard Maryland death. era b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 2 RURAL and give negrest town) shauld d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Ellicott City d. STREET ADDRESS Colonial Drive Colonial Drive puo NAME OF Fizal 4. DATE Middle Lost OF DEATH SCHAEFFER (Type or print) CHARLES ARTHUR within 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B DATE OF BIRTH DIVORCED [WIDOWED [7] 26.1904 Thite Male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) Retired Woolen Mill Carroll Co. corbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Edith Poe George Schaeffer IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17. INFORMANT No t8. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ጌ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). **DUE TO** requires that Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), sloting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LIGHT 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18) 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour e.m. Not while of work of work 19 6/ .. ta and that seath occurred at 9:30AM, from the causes and an the date stated above.

22c. NAME OF CEMETERY OR CREMATORY

New_Oakland

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. county Howard c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NOT Month Doy Year Oct.19.1961 19 9. AGE (in years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? Address Mrs. Elakely Boone, Colonial Drive, Ellicott City INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO T (County) (State) _, 19,6/L,that I last saw the deceased ADDRESS (Street, city on tenish, state) 22d. LOCATION (City, town, or county) Oakland Carroll Co Md 24g, REC'D BY REGISTRAR Orthur S. Frank

3 shau

THE PERSON NAMED IN NAME (Type)

REMOVAL (Specify) Rurial

23. FUNERAL DIRECTOR'S SIGNATURE

220 BURIAL CREMATION, 22b. DATE THEREOF

10-23-61

.C. Higinbothom, Ellicott City, Md



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 79 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, If institution, Residence before admiss on) e. COUNTY funeral director. Page les. e. STATE **b.** COUNTY delay is necessary, MARYLAND Maryland Howard Laryland Howard

c. CITY OR TOWN (I outside corporete i m is, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 15 write RURAL and give nearest town) Ellicott City Ellicott City d. STREET ADDRESS ្ច d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE ä ON A FARM? be retained State YES NO Old Frederick Road ald Frederick Road 3. NAME OF First Middle DATE Month Year 98 DECEASED OF (Type or print) DEATH Oct. 20.1961 STETNBACE w.th 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5 SEX AGE (In yeers) .F UNDER 1 YEAR JE UNDER 24 HRS. 2 with 8. DATE OF BIRTH age 5 may 1 and 2 will 72 hours last birthday) Months Hours WIDOWED Eemale 10a. USUAL OCCUPATION (Give kind of work in pencil in Item 18. Give Pages 1, 2, office along with form PM3. Page 5 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) within. 13. FATHER'S NAME Nane Germany JISA 14. MOTHER'S MAIDEN NAME Ф Conrad Stainbach Gertrude E Dietrich 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give wer or detes of service) permit. any Mrs. Helena Hoddinott, Rt. 2, Ellicott City, Md None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and Coronary Thrombosis 15 IMMEDIATE CAUSE (e) minDUE TO removal, Conditions, if any, which Arteriosclerotic vascular disease years/ "pending" gave rise to immediate cause N G DUE TO (e), steting the underlying Examiner 6 cause lest. used PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(e) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 cremat should be forwarded to the Chief Mulical NO plnous ute the certmisses of chies considered to the Chies considered to the Chies considered to the certification of the 20s. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, † 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Not While Hour a.m. at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Undetermined manner Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE-DEPUTY MEDICAL EXAMINER TY E, DURGTORF CORGE Addles (Street, City, Town, for County) NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 7 22d. LOCATION (City, lown, or country) 228. BURIAL, CREMATION | 226. DATE THEREOF REMOVAL (Specify) 0 Burjal Baltimore . Md cudon_Par 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE VS. A15ME DATEGET 2 4 '61 Colling S. Thousa 5M 7/59~ F.C. Higinbothom, Ellicott City, Md

MARYLAND STATE DEPARTMENT OF HEALTH



VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11/70	CERTIFIC	ATE OF DEATH	Reg	Dist. No. 11464
I. PLACE OF DEATH d. COUNTY Howard	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryla	ere deceased lived. If institution: Re b. COUNTY MO	ntgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fulton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RURAL	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Simon Rest Home - Fulto		d. STREET ADDRESS	15X-	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) Grace	Middle To	ownsend	4. DATE Month OF 22	Day Year
S. SEX 6. COLOR OR RACE 7- MAR WIDOW		B. DATE OF BIRTH 12-21-1879		NDER 1 YEAR IF UNDER 24 HRS 1ths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done lob during mast at working life, even if retired) Housewife	KIND OF BUSINESS OR INDU Home	ISTRY 11. BIRTHPLACE (State	or foreign country)	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles E. Townsend		14. MOTHER'S MAIDEN N	Jane Hobbs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown] [If yes, give war ar doles of service]	None	Mrs. Janet Bo	Address pss 4203 Eastern	Mt. Rahie:
Conditions, if any, which gave rise to immediate cause (o), stoting the under-lying cause last.	Coronary sc.	lerosis		15 years
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU			PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
Haur a.m. While		LACE OF INJURY (Home, farm actory, street, office bldg., etc.	, 20f. (City ar town)	(County) (State)
21. I certify that I attended the decearative an October 20 , 196 ACTUAL SIGNATURE Churles S.	sed from August 1 , and that death	accurred at 6:00A	M, fram the causes and an ADDRESS (Street, city or town, stote)	I last saw the deceased the date stated abave DATE SIGNES
PHYSICIAN'S Charles S.	Whitaker, M	.D. Clar	rksville, Md.	10-22-6
220. BURIAL, CREMATION, Parallel REMOVAL (Specify) Removal (Specify) 10-24-61	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, fown, or cau Sunshine, Mar	
23. FUNERAL DIRECTOR'S SIGNATURE Francis H. Barber Lay	ADDRESS tonsville, Mary		Sunshine, Mary D BY REGISTRAR 246. REGISTRAR 2 6 '61 Culling	

and which the second of the se 1961 المعالية المعالية a -A STATE OF THE STA The supplemental transfer and the second · 1 THE STATE OF - Indicate Con Student T V L V ARTICLE LANGUE LEAVING tion a see SECRETARIST TO A STATE

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